Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>04/09/2009</u>	Address:	7800 S. Bik of CR 1000 E
Case #:	22F44263		South Milford, IN
County:	LaGrange		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:
(check all ti	nd: <u>Location (bedroom, kitchen, open ai</u> bat apply) n/Ammonia Reaction(s): <u>One-Pot</u>	<u>r, etc)</u>	
Rcd Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Motal (Lithium):			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
☐ Corrosive Base:			
Other (item and location):			
Yes No *If yes, fax re	er age 18 discovered (check one)(number present) spon to Child Protective Services	☐ Ephedrin ☐ Retail/Me ☑ Other: <u>Cit</u>	e Information e/Pseudoephedrine Tracking Log erchant Tip izen Complaint
	t is to be faxed to the following agen		
Fire Department: South Milford		Fax: <u>260-351-3319</u> Fax: <u>260-449-4189</u>	
Health Dopartment: LaGrange County		Fax: 200-4	
Child Prote	ction Service: N/A		
For further. Investigatin	information regarding this methampho g Officer: <u>M. c. Toles</u> Phot	etamine laboratory, co ne <u>260-432-8661</u>	ontact
listed w	m is to be faxed to the Fire Department, Heal ithin 24 hours of scene processing. m is to be included with the case file, and a co	•	_